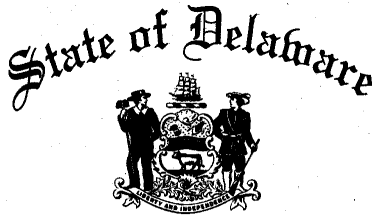


INSURANCE COMMISSIONER



841 SILVER LAKE BLVD.  
DOVER, DELAWARE 19904-2465  
(302) 739 - 4251  
FACSIMILE (302) 739 - 5280

## Department of Insurance

FORM AR-1  
CERTIFICATE OF ASSUMING INSURER

THE \_\_\_\_\_  
NAME OF OFFICER TITLE OF OFFICER  
OF \_\_\_\_\_, THE ASSUMING INSURER UNDER A  
NAME OF ASSUMING INSURER

UNDER A REINSURANCE AGREEMENT(S) WITH ONE OR MORE INSURERS DOMICILED IN THE  
\_\_\_\_\_, HEREBY CERTIFY THAT \_\_\_\_\_  
NAME OF STATE NAME OF ASSUMING INSURER

1. SUBMITS TO THE JURISDICTION OF ANY COURT OR COMPETENT JURISDICTION IN

\_\_\_\_\_  
(CEDING INSURER'S STATE OF DOMICILE)

FOR THE ADJUDICATION OF ANY ISSUES ARISING OUT OF THE REINSURANCE AGREEMENT(S), AGREES TO COMPLY WITH ALL REQUIREMENTS NECESSARY TO GIVE SUCH COURT JURISDICTION, AND WILL ABIDE BY THE FINAL DECISION OF SUCH COURT OR ANY APPELATE COURT IN THE EVENT OF AN APPEAL NOTHING IN THIS PARAGRAPH CONSTITUTES OR SHOULD BE UNDERSTOOD TO CONSTITUTE A WAIVE ROF ASSUMING INSURER'S RIGHTS TO COMMENCE AN ACTION IN ANY COURT OF COMPETENT JURISDICTION IN THE UNITED STATES. TO REMOVE AN ACTION TO THE UNITED STATES DISTRICT COURT, OR TO SEEK A TRANSFER OF A CASE TO ANOTHER COURT AS PERMITTED BY THE LAWS OF THE UNITED STATES OR OF ANY STATE IN THE UNITED STATES. THIS PARAGRAPH IS NOT INTENDED TO CONFLICT WITH OR OVERRIDE THE OBLIGATION OF THE PARTIES TO THE REINSURANCE AGREEMENT(S) TO ARBITRATE THEIR DISPUTES IF SUCH AN OBLIGATION IS CREATED IN THE AGREEMENT(S).

2. DESIGNATES THE INSURANCE COMMISSIONER \_\_\_\_\_  
CEDING INSURER'S STATE OF DOMICILE

AS ITS LAWFUL ATTORNEY UPON WHOM MAY BE SERVED ANY LAWFUL PROCESS IN ANY ACTION, SUIT OR PROCEEDING ARISING OUT OF THE REINSURANCE AGREEMENT(S) INSTITUTED BY OR ON BEHALF OF THE CEDING INSURER.

3. SUBMITS TO THE AUTHORITY OF THE NSURANCE COMMISSIONER OF  
\_\_\_\_\_ TO EXAMINE ITS BOOKS AND  
CEDING INSURER'S STATE OF DOMICILE

RECORDS AND AGREES TO BEAR THE EXPENSE OF ANY SUCH EXAMINATION.

4. SUBMITS WITH THIS FORM A CURRENT LIST OF INSURERS DOMICLED IN  
\_\_\_\_\_ REINSURED BY ASSUMING  
CEDING INSURER'S STATE OF DOMICILE

INSURER AND UNDERTAKES TO SUBMIT ADDITIONS TO OR DELETIONS FROM THE LIST TO THE INSURANCE COMMISSIONER AT LEAST ONCE PER CALENDAR QUARTER.

DATE: \_\_\_\_\_  
NAME OF ASSUMING INSURER

By: \_\_\_\_\_  
NAME OF OFFICER

TITLE: \_\_\_\_\_  
OFFICER